



BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 431806	FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		2		2			57						
8		2		2			58						
9		2		2			59						
10		2		2			60						
11		2		2			61						
12		2		2			62						
13		1		2			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		3		3			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		4		4			84						
35		1		1			85						
36		1		1			86						
37		3		3			87						
38		3		3			88						
39		3		3			89						
40		3		3			90						
41		3		3			91						
42		3		3			92						
43		3		3			93						
44		3		3			94						
45		1		1			95						
46		1		1			96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	71		71				TOTAL DEP.						
TOTAL CLAIMS	72		72				TOTAL CLAIMS						